

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear2003

**NOTE:THISPHAPLANSTEMPLATE(HUD-50075SmallPHA)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Southeast Iowa Regional Housing Authority

PHANumber: IA128

PHAFiscalYearBeginning:(mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Steven Perlstein

Phone: (319) 753-5109

TDD:

Email (if available): seirha@aol.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
PHA development management offices
Other (list below)

PHA Programs Administered :

AnnualPHAPlan FiscalYear2003

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Southeast Iowa Regional Housing Authority will continue to provide assistance to extremely low and very low income families. During FY 2003 Income Targeting for the extremely low (30% of Median Income) was 78%.

Providing rental assistance while promoting decent, safe and sanitary housing continues to be a focus of the Authority. We will further promote affordable housing and a suitable living environment free from discrimination while recognizing residents as our ultimate customer.

Tenants in need of supplemental or auxiliary services related to areas other than housing will be referred to appropriate agencies.

SEIRHA will continue to conduct outreach efforts to potential Voucher landlords.

2. Capital Improvement Needs (*not applicable*)

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes/No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$_____

C. Yes/No Does the PHA plan to participate in the Capital Fund Program in

the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

(not applicable)

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes/No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If „No“, skip to next component; if „yes“, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1 a. Development name: 1 b. Development (project) number:	
2. Activity type: Demolition/Disposition	
3. Application status (select one) Approved Submitted, pending approval Planned application	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development	
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If „No“, skip to next component; if „yes“, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

(not applicable)

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename) D:
Comments of Resident Advisory Board & Explanation of PHA

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment ____.

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

(not applicable)

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3 PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local

government agency in order to meet the needs of its public housing

residents or in inventory? If yes, please list the 5 most important requests

below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the „Applicable & On Display“ column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the	Annual Plan: Housing

	jurisdiction/in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered each public housing development check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs

	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §§504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A&O Policy	Pet Policy
X	The result of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937	Annual Plan: Annual Audit

	(42U.S.C.1437c(h)),theresultsofthatauditandthePHA's responsetoanyfindings	
	TroubledPHAs:MOA/RecoveryPlan	TroubledPHAs
	Othersupportingdocuments(optional)(listindividually;useas manylinesasnecessary)	(specifyasneeded)

(NOTAPPLICABLE)

**AnnualStatement/PerformanceandEvaluationReportCapitalFundProgramandCapital
ReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:	GrantTypeandNumber	CapitalFundProgram:	CapitalFundPro
	ReplacementHousingFactorGrantNo:		

**OriginalAnnualStatementReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:
EvaluationReportforPeriodEnding:FinalPerformanceandEvaluationReport**

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		Total
		Original	Revised	Oblig
1	Totalnon-CFPFunds			
2	1406Operations			
3	1408ManagementImprovements			
4	1410Administration			
5	1411Audit			
6	1415liquidatedDamages			
7	1430FeesandCosts			
8	1440SiteAcquisition			
9	1450SiteImprovement			
10	1460DwellingStructures			
11	1465.1DwellingEquipment-Nonexpendable			
12	1470NondwellingStructures			
13	1475NondwellingEquipment			
14	1485Demolition			
15	1490ReplacementReserve			
16	1492MovingtoWorkDemonstration			
17	1495.1RelocationCosts			
18	1498ModUsedforDevelopment			
19	1502Contingency			
20	AmountofAnnualGrant:(sumoflines2-19)			
21	Amountofline20RelatedtoLBPActivities			
22	Amountofline20RelatedtoSection504Compliance			
23	Amountofline20RelatedtoSecurity			
24	Amountofline20RelatedtoEnergyConservation Measures			

(NOT APPLICABLE)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

[illegible]

(NOT APPLICABLE)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

[illegible]

CapitalFundProgram5-YearActionPlan
APPLICABLE

(NOT

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5-YearActionPlan		Originalstatement	Revisedstatement
Development Number	DevelopmentName(orindicatePHAwide)		
DescriptionofNeededPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate(FiscalYear)
Totalestimatedcostovernext5years			

PHA Public Housing Drug Elimination Program Plan (NOT APPLICABLE)

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an „x“) N1 _____ N2 _____
R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an „x“ to indicate the length of program by # of months. For „Other“, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an „x“ by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD-approved extensions or waivers. For grant extensions received, place „GE“ in column or „W“ for waivers.

Fiscal Year of Funding	PHDEP Funding	Grant#	Fund Balance as of Date of	Grant Extensions	Grant Start Date	Grant Term End
------------------------	---------------	--------	----------------------------	------------------	------------------	----------------

	Received		thisSubmission	orWaivers		Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section2:PHDEPPlanGoalsandBudget

A.PHDEPPlanSummary

Inthespacebelow,summarizethePHDEPstrategytoaddresstheneedsofthetargetpopulation/target area(s).Yoursummaryshouldbrieflyidentify:thebroadgoalsandobjectives,theroleofplanpartners, and yoursystemorprocessformonitoringandevaluatingPHDEP-fundedactivities .Thissummaryshouldnot exceed5-10sentences.

B.PHDEPBudgetSummary

EnterthetotalamountofPHDEPfundingallocatedtoeachlineitem.

FFY_____PHDEPBudgetSummary Originalstatement	
Revisedstatementdated:	
BudgetLineItem	TotalFunding
9110-ReimbursementofLawEnforcement	
9115-SpecialInitiative	
9116-GunBuybackTAMatch	
9120-SecurityPersonnel	
9130-EmploymentofInvestigators	
9140-VoluntaryTenantPatrol	
9150-PhysicalImprovements	
9160-DrugPrevention	
9170-DrugIntervention	
9180-DrugTreatment	
9190-OtherProgramCosts	
TOTALPHDEPFUNDING	

C PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem. Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudgetlineitem(whereapplicable).Use

as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise - not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110-Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDF Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

9115-Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDF Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

9116-Gun Buyback TAMatch						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDF Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

9120-Security Personnel						Total PHDEP Funding: \$	
Goal(s)							
Objectives							

ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)
1.						
2.						
3.						

9130-EmploymentofInvestigators					TotalPHDEPFunding:\$	
Goal(s)						
Objectives						
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding(Amount /Source)
1.						
2.						
3.						

9140- VoluntaryTenantPatrol					TotalPHDEPFunding:\$	
Goal(s)						
Objectives						
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding(Amount /Source)
1.						
2.						
3.						

9150- PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	P
1.							
2.							
3.							

9160-DrugPrevention										TotalPHDEPFunding:\$	
Goal(s)											

Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected CompleteDate	PHEDEP Funding	OtherFunding (Amount /Source)	P
1.							
2.							
3.							

9170-DrugIntervention					TotalPHDEPFunding:\$	
Goal(s)						
Objectives						
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)
1.						
2.						
3.						

9180-DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perf
1.							
2.							
3.							

9190-OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	Pe
1.							
2.							
3.							

**RequiredAttachmentB:ResidentMemberonthePHAGoverning
Board**

1. ☒ Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Elizabeth Kerr

B. How was the resident board member selected: (select one)?

Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 05/06/03 to 05/05/04

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis. The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment C: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

George Barkow
Debra Case
Gary Heitmeier
Elizabeth Kerr

Kathryn Osier
Mary Lou Pfeifer
Betty White

Required Attachment D: Comments of Resident Advisory Board & Explanation of PHA

RAB: Continue to help with assistance to families and individuals.

PHA: The Authority will continue to help families and individuals with low income as long as HUD provides funding.

RAB: Continue to help families who work and give deductions for transportation.

PHA: Deductions are given to working families only for child care and the number of children in the family.

RAB: Give larger deduction for medical costs.

PHA: HUD has a set amount of percentage based on a formula for elderly, handicapped and disabled. The Authority utilizes all information for the maximum deduction permitted by federal regulations.